



## Resource Support Group Survey

Offline version for mailing purposes

Group name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_

Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Website: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (    ) - \_\_\_\_\_ Emergency phone: (    ) - \_\_\_\_\_

Fax: (    ) - \_\_\_\_\_

Membership fee (if any):

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Give a brief description of your group (e.g. adoptive single parents, non-traditional families, special needs, international):

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List of social events, meetings, newsletters, and other activities:

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